

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK
ELECTRONIC CASE FILING SYSTEM
ATTORNEY PASSWORD APPLICATION**

LIVE SYSTEM

I, _____, swear or affirm that I am a member in good standing of the Bar of the State of _____. By submitting this application and receiving a password, I agree to adhere to the court's order authorizing electronic case filing, any supplements and/or amendments thereto and the rules promulgated for the court's ELECTRONIC CASE FILING (ECF) SYSTEM. I am providing the following information as a condition of receiving my password:

Attorney Code (first & last name initials/last 4 digits of social security #): _____

Attorney Name: _____

Firm Name: _____

Address: _____

Phone #: _____ FAX #: _____

Internet E-Mail Address for Service: _____

☐ I consent to delivery of my assigned System password to the above-referenced e-mail address.

Class Training Completion Date: _____

I have read and understand the following rules:

1. I will employ the Electronic Case Filing System for cases filed in the United States Bankruptcy Court for the Eastern District of New York.
2. I will meet all hardware and software requirements disseminated by the court for system use. I understand that the current minimum requirements for filing documents are: a personal computer running a standard Windows platform (Windows 98/Me/NT/2000/XP); an Internet provider using Point to Point Protocol (PPP) for dial-up service, or offering DSL or cable service; Netscape Navigator 4.7x or higher or Microsoft Internet Explorer 5.5 or higher; Adobe Acrobat 4.01 or higher [to convert word processor format documents to portable document format (PDF)]; and a document scanner.
3. Each use of my password for filing documents will meet the requirements of Fed. R. Civ. P. 11, Fed. R. Bankr. P. 9011 and Local Bankruptcy Rule 9011-1. I understand that the use of my password together with my electronic signature constitutes my signature on the document being submitted. If I submit a document for another party, I understand it is my responsibility to maintain a copy of that document bearing the signer's signature in my records.
4. I agree to protect and secure the confidentiality of my password. Therefore, if I have reason to believe that my password has been compromised, it is my responsibility to immediately notify the court in writing. Moreover, it is also my responsibility to immediately inform the court of any change in my firm affiliation, addresses, telephone, fax or E-mail address.

5. I understand that the issuance of a password to me constitutes a waiver of conventional service pursuant to the court's Electronic Filing Procedures General Order. I agree to accept a Notice of Electronic Filing by hand, facsimile, first class mail or authorized e-mail in lieu of conventional service. Moreover, I will use the automatic E-mail notification feature of the Electronic Case Filing System wherever feasible.
6. Notwithstanding No. 5 herein, conventional (paper) service is required in all non-electronic filings as well as on the United States and its agencies, and on foreign, state or local governments, in full compliance with Rules 2002(j) and 7004(b)(4), (5) and (6) of the Federal Rules of Bankruptcy Procedure and Rule 4(i) and (j) of the Federal Rules of Civil Procedure.
7. In compliance with the Electronic Filing Procedures General Order, I understand that if documents being submitted electronically have lengthy exhibits, the filing of relevant excerpts of the exhibits is preferred and permitted without prejudice to my right to file additional excerpts or the complete exhibit with the court at any time.
8. In compliance with the Electronic Filing Procedures General Order, once I receive my password, I will make every reasonable effort to file documents electronically. If I am unable to file electronically, documents will be submitted to the court on diskette in PDF format. Paper filings received at the court will be scanned by the delivering party.
9. I understand that receipt of a password and access to the ECF Filing System is contingent upon my completing the Eastern District Bankruptcy Court Attorney Password Application, the Credit Card Blanket Authorization Form and the court training class, and therefore authorizing the Court to bill my firm for any transactions requiring a fee consistent with the ECF Filing System and the Rules established by this Court.
10. I understand that until an interactive credit card process exists for the ECF Filing System which we allow for the entry of my credit card information upon docketing of a fee related filing, that my credit card will be automatically charged the applicable filing fee by the court after the filing.

Date: _____

Attorney Applicant Signature

Please return to:

Attn. Electronic Case Filing System Registration
United States Bankruptcy Court
Eastern District of New York
290 Federal Plaza
Central Islip, New York 11722

FOR COURT OFFICE USE ONLY:

Date application received: ____/____/____

Date access permitted: ____/____/____

Date reviewed for compliance: ____/____/____

Authorized by: _____

**United States Bankruptcy Court
Eastern District of New York**

Credit Card Blanket Authorization Form

I hereby authorize the United States Bankruptcy Court for the Eastern District of New York to charge the main credit card or the alternate credit card listed below for payment of fees, costs, and expenses which are incurred by myself or any member or employee of the law firm, partnership, or professional corporations stated below. I certify that I am authorized to sign this form on behalf of my law firm.

(Please indicate which card is to be the main card and the alternate card)

____MasterCard No._____	Exp. Date: _____
____Visa Card No._____	Exp. Date: _____
____Discover Card No._____	Exp. Date: _____
____American Express No._____	Exp. Date: _____
____Diners Club No._____	Exp. Date: _____

Credit Cardholder's Name:_____

**NAMES OF INDIVIDUALS AUTHORIZED TO USE ACCOUNT NUMBERS LISTED ABOVE FOR
PAYMENT OF FEES, COSTS, AND EXPENSES:**

_____	_____
_____	_____
_____	_____

Cardholder's Mailing Address:_____

City:_____ State:_____ Zip Code:_____

Law Firm Name: _____

(Or name of sole practitioner)

Address: _____

Phone No: _____ Fax No: _____

This form will be kept on file in the clerk's office and will remain in effect until specifically revoked in writing. It is the responsibility of the law firm/company named above to submit a new form and notify the court of any changes to authorized users, a new expiration date when a credit card has been renewed, or if a card has been revoked, cancelled, or stolen.

Signature:_____ **Date:**_____

* Note: The card indicated above as the main card will be used for all transactions with this court unless otherwise specified by the authorized user.